

Montgomery County Department of Liquor Control	NEW ITEM LISTING REQUEST LIST ONE SIZE PER FORM Email: Product.Listing@montgomerycountymd.gov			Product Management Committee
If you are a new vendor, please complete the New Vendor Information Form.				Date:
SECTION I - PRESENTATION DATA				
New Item Presentation <input type="checkbox"/>		Size Extension <input type="checkbox"/>		Line (brand extension) <input type="checkbox"/>
SECTION II - CATEGORY/ITEM DATA				
Product Name:				
Market Category:				
Price Point Target:				
Competitive Markets Sales (case sales; please note time period)				
Virginia:		Maryland:		Currently listed as Special Order in MoCo?:
Nationally:		DC:		If yes, list existing code:
SECTION III - MARKET SUPPORT (Please use more paper if you need to.)				
ADVERTISING - Attach TV, Radio, National or Local Print or Other advertising, noting time periods advertising will run.				
SECTION IV - CURRENT CUSTOMERS				
Is this item currently being purchased by any licensees (on a wine list, for example)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If so, please <u>Attach</u> the list of the accounts, and the number of cases purchased in the last year:				
SECTION V - PRICING PROMOTIONAL SUPPORT DETAILS				
Please <u>Attach</u> a list of any Depletion Allowances or S.P.A. amounts that will be provided, and how many times per year:				
SECTION VI - PRODUCT PACKING AND SHIPPING INFORMATION (Fill In all Spaces)				
SIZE: (Please list one size per form)	Cases per Tier:	Cases per Pallet:	CASE PRICE:	
Case Weight:			STATE TAX:	
Bottles per Case:			FREIGHT:	
Bottle UPC Code:	Case SCC:		LAID IN:	
SECTION VIII - VENDOR DATA				
Vendor of Record for the Product:			VENDOR NUMBER:	
Company Submitting the Listing Request:				
Product Contact:				
Tele:		email:		
Signature of Authorized Official:				Date:
Please do not write below this line - for use by Montgomery County Department of Liquor Control				
Committee Recommendation:				
List as: <input type="checkbox"/> ST <input type="checkbox"/> SC <input type="checkbox"/> HO <input type="checkbox"/> Other				Initial Order Quantity?
<input type="checkbox"/> Do not list at this time				
CO-CHAIR				Date:
CO-CHAIR				Date:
Final Decision: <input type="checkbox"/> Agree <input type="checkbox"/> Do not agree		Notes:		
DIRECTOR				Date: